

**Research Grant**

**No-Cost Extension Request Form**

One (1) extension of the grant term without additional funds may be approved when requested and justified in writing to NEA using this form. Extensions of term will be for either six (6) or twelve (12) months. A request for an extension must be made at least thirty (30) days before the termination date of a grant. The decision to grant a no-cost extension will be at the sole discretion of NEA.

Email the completed form to Wendy Smith Begolka, MBS, NEA’s VP, Scientific and Clinical Affairs:

[wendy@nationaleczema.org](mailto:wendy@nationaleczema.org)

**Name of Awardee:**       **Date of Request:**

**Institution:**

**Title of Project:**

**Original Award End Date:**       **Requested New End Date:**

**Amount of Unexpended Balance:**

Request Justification

*Describe the need for a no-cost extension, including a concise summary of study progress to date, remaining work to be completed, and, if a carry-over is requested, a statement of why funds were not used in the original grant award period. This completed form should not exceed 2 pages.*